

Norridge Police Department

Accident Review Board

Date assigned	Member	Present	Excused	Unexcused
5/1/2003	Sgt.Orlando	x		
5/1/2003	Sgt. Schober	x		
12/1/2012	Off. Turano	x		
5/1/2003	Off. Malicki	x		

Review Date: 05/19/2016

M/V Crash: 16-05373

Officer: Probationary A/O Rein#47

Squad #508

1. Classification I.

- a. The incident was NON-PREVENTABLE and the employee was not at fault. Caution was apparently exercised.
- b. The employee was legally parked or standing.
- c. The employee was aware of the impending hazard, was alert to the consequences and skillful in minimizing the effect of the hazard.
- d. In incidents the board resolves to be Classification I, no disciplinary action will be taken.

2. Classification II.

- a. The employee failed to exercise reasonable and due care.
- b. The employee deviated inexcusably from Dept. Rules and Regulations, Procedures and/or General Safety Practices, procedures and/or general safety practices.
- c. In incidents the board resolves to be Classification II, disciplinary action recommended may be:
 - (i) For the very first incident of record for the employee in a rolling 24 month period, a letter of reprimand will be issued and attendance and successful completion of a "Defensive Driving Course may be ordered. Only one letter of reprimand may be issued during the 24 month period in which the incident occurred.
 - (ii) For a second Classification II finding by the board in the 24 month period a 2 day suspension without pay shall be imposed.
 - (iii) For a third Classification II finding by the board in a 24 month period, a 3 day suspension without pay shall be imposed.

Recommendation: The board unanimously agreed 2a. A/O Rein struck a parked motorcycle.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

DRAG	9	PEDV	STRED	TRFC	WEAT	DRV1	VIS	VEHD	LGH	COL	MANV	PPA	PPL
U1	U2					16	1 2	1	1	1	1	1	9

POLICE

X U F 3 0 2 8 8 6 5 1 *

INVESTIGATING AGENCY

Norridge

ADDRESS NO.

4500

HIGHWAY or STREET NAME

Ozanna Ave

DAMAGE TO ANY
ONE PERSON'S
VEHICLE / PROPERTY

\$500 OR LESS
 \$501 - \$1,500
 OVER \$1,500

TYPE OF REPORT
ON SCENE
NOT ON SCENE (DESK REPORT)
AMENDED

A No Injury / Drive Away
 B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO.

16 5373

TRFW

1

VEH1

(CIRCLE) FT / MILES W

Summerville Ave

AT INTERSECTION WITH

(NAME OF INTERSECTION OR ROAD FEATURE)

(NAME) (DRIVER) (PARKED) (DRIVERLESS) (PED) (PEDAL) (EQUES) (NIV) (NOV) DATE OF BIRTH

REIN, JOHN F

(LAST, FIRST, MI)

STREET ADDRESS

CITY

STATE

ZIP

INJURY

EJECT

VIN

NAME

DATE OF BIRTH

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U130288651

A Diagram and Narrative are required on all Type B crashes,
even if units have been moved prior to the officer's arrival.

4500 OZANAH

SUNNYSIDE Ave

OZANAH Ave

4504 N.
OZANAH

Not to scale

INDICATE NORTH
BY ARROW

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A
ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____

ILCC NO. _____

Source of above info. Side of Truck Papers Driver Log Book

Gross Vehicle Weight Rating (GVWR) _____

Were HAZMAT placards displayed on the vehicle? Y N

If yes, name on placard _____

4-digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? Y N UNKDid HAZMAT Regulations violation contribute to the crash?
 Y N UNKDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash? Y N UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT Y N UNK Out of Service? Y N
MCS Y N UNK Out of Service? Y N

Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD? Y NTRAILER WIDTH(S): 0-96" 97-102" >102"
TRAILER 1
TRAILER 2 TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft
TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____

LOCAL USE ONLY

U1 Color
U1 Towed by / to

White Orange

n/a

U2 Towed by / to

n/a